

Kentucky Department for Medicaid Services

SFY 2012 DSH Survey Updates

This attachment includes additional instructions to complete the DSH Surveys. Each DSH Survey also includes an instructions tab. If you have questions regarding the DSH Surveys after reviewing this attachment and the instructions in the survey, please contact Myers and Stauffer.

DSH Survey, Part I – DSH Year Data

Begin with the DSH Survey Part I – DSH Year Data. All of the information in this survey relates specifically to the state DSH year under examination (7/1/11 – 6/30/12). **(DSH Survey Part I – DSH Year Data.xls)**

1. See the “Instructions” tab for information on how to complete this survey.
2. This file includes a Checklist to assist you with gathering the supporting documentation to submit with the surveys.
3. Please sign certification section prior to submission.

DSH Survey, Part II – Cost Report Year Data

The DSH Survey Part II includes all data related to your hospital’s cost reporting period. Submit one copy for each cost report year that overlaps the DSH year that was not previously submitted. **(DSH Survey Part II – Cost Report Data.xls)**

1. **Sections D, E and F – General Information**
 - a. See the “Instructions” tab for information on how to complete these sections.
2. **Section G Cost Report Data**
 - a. Section G is pre-populated using data from the HCRIS database. All information in this section comes directly from the cost report. The data will be used to calculate the per diems and cost to charge ratios.
 - b. A copy of your cost reports overlapping the 2012 DSH year must be submitted with the DSH surveys. If you have a newer version of the applicable cost report (audited, settled, reopened...), please use it to complete the survey and include a copy with your survey submission. You are required to use the audited cost report, if it is available.
3. **Section H - In-State Paid Claims Data**
 - a. **In-State Medicaid FFS Primary**
 - i. A paid claims summary report with all Medicaid claims for each applicable cost reporting period will be sent at a later date.
 - b. **In-State Managed Care**
 - i. A paid claims summary report with all Managed Care claims for each applicable cost reporting period will be provided.
 - ii. If submitting internally-generated Managed Care claims data, hospital patient detail must be provided. If submitting hospital patient detail, it must be submitted using the Exhibit C format. **(DSH Survey Exhibit A-C Hospital-Provided Claims Data.xlsx) (tab Exhibit C)**
 - iii. Hospitals must submit the data in the Exhibit C format including the new data fields added in the prior year. The above reference Excel file is included on the disc. **A reconciliation must be provided with Exhibit C.**
 - iv. **Please review any paid claims data received for accuracy.**
 - c. **In-State Medicaid FFS Cross-Overs (with Medicare Primary)**
 - i. A paid claims summary report with all cross-over claims for each applicable cost reporting period will be provided.
 - ii. If submitting internally-generated cross-over data, patient level detail must be submitted using the Exhibit C format. **(DSH Survey Exhibit A-C Hospital-Provided Claims Data.xlsx) (tab Exhibit C)**

- iii. Hospitals must submit the data in the Exhibit C format including the new data fields added in the prior year. The above reference Excel file is included on the disc. **A reconciliation must be provided with Exhibit C.**
- d. **Other Medicaid Eligibles and/or Managed Care Cross-Overs**
 - i. If submitting internally-generated Other Medicaid Eligible data, patient detail must be submitted using the Exhibit C format. **(DSH Survey Exhibit A-C Hospital-Provided Claims Data.xlsx)** *(tab Exhibit C)*
 - ii. Hospitals must submit the data in the Exhibit C format including the new data fields added in the prior year. The above reference Excel file is included on the disc. **A reconciliation must be provided with Exhibit C.**
- e. **Uninsured**
 - i. Exhibit A – All Uninsured Charges/Days **(DSH Survey Exhibit A-C Hospital-Provided Claims Data.xlsx)** *(tab Exhibit A – Uninsured Charges)*
 1. Hospitals must submit the data in the Exhibit A format including the additional fields added in the prior year. An example of the format is included in the DSH Survey and the above referenced Excel file which was included on the disc.
 2. Total days and charges in Exhibit A must agree to the data entered on the survey.
 3. Exhibit A must include patient level detail and list charges/routine days by revenue code for each patient.
 - ii. Exhibit B – ALL Patient Payments on a Cash Basis **(DSH Survey Exhibit A-C Hospital-Provided Claims Data.xlsx)** *(tab Exhibit B – Self-Pay Pmt (CASH))*
 1. Hospitals must submit the data in the Exhibit B format including the additional fields added in the prior year. An example of the format is included in the DSH Survey and the above referenced Excel file which was included on the disc.
 2. Exhibit B should include all cash basis insured and uninsured patient payments and clearly indicate each patient's insurance status at the time of service.
 3. Report all uninsured payments for hospital services in the uninsured column, see example to calculate payments for hospital services.
4. **Section I - Out-of-State Paid Claims Data**
 - a. Report all out-of-state claims in the appropriate column of this tab (Medicaid FFS, Medicaid Cross-Overs...).
 - b. Use out-of-state paid claims reports (PS&Rs), if available, to report Medicaid claims. If out-of-state paid claims reports are not available, use hospital records to submit data. Please see the example of *Exhibit C – OOS Data* for the format required. **(DSH Survey Exhibit A-C Hospital-Provided Claims Data.xlsx)** *(tab Exhibit C – OOS ...)*
5. **Section J and K Organ Acquisition**
 - a. Report the charges and number of useable organs for each cost center for each payor type.
 - b. Submit patient level detail to support the number of useable organs and charges claimed.
6. **Section L**
 - a. Report the total Provider Tax amount, and reconciling information per the instructions.
 - b. Submit a grouped working trial balance that supports total expenses reported on the cost report.

After completion of all surveys, review checklist in *DSH Survey Part I* and submit all support, surveys and exhibits.